

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116633

**Entity Name:** KRISTINA MCALPIN LLC

**Current Principal Place of Business:**

2419 FRED SMITH ROAD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2419 FRED SMITH ROAD  
TALLAHASSEE, FL 32303 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCALPIN-MATHESON , KRISTINA  
2419 FRED SMITH ROAD  
TALLAHASSEE, FL 32303 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KRISTINA MCALPIN-MATHESON

01/26/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MCALPIN, KRISTINA  
Address 2419 FRED SMITH ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title CO OWNER  
Name MATHESON, JOHN FITZGERALD  
Address 2419 FRED SMITH ROAD  
City-State-Zip: TALLAHASSEE FL 32303

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTINA MCALPIN-MATHESON

OWNER

01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date